



MID AMERICA TEEN CERT

STUDENT ENROLLMENT FORM

GENERAL INFORMATION																	
Last Name:				First Name:				MI:									
Address:				Email Address:													
City:				State:		Zip Code:		Shirt Size:									
Home Phone:		Cell Phone:		Work Phone:			Fax or Pager:										
Are you Bilingual?				Speak:		Read:		Write:									
Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>														
Do you have a disability or health concern?				If yes, please explain and/or list any special accommodations needed:													
Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>														
EMERGENCY CONTACT INFORMATION																	
In Case Of Emergency, person to contact should be:																	
Name:				Relationship:			Phone:										
Address:			City:			State:		Zip Code:									
STATISTICAL INFORMATION (OPTIONAL)																	
Age Group:																	
<input type="checkbox"/>	11-18		<input type="checkbox"/>	19-39		<input type="checkbox"/>	40-69		<input type="checkbox"/>	70+							
Race/Ethnic Group:																	
<input type="checkbox"/>	African-American			<input type="checkbox"/>	Asian		<input type="checkbox"/>	Caucasian		<input type="checkbox"/>	Hispanic/Latino						
<input type="checkbox"/>	Native-American			<input type="checkbox"/>	Other:												
Gender:				Marital Status:													
<input type="checkbox"/>	Female		<input type="checkbox"/>	Male		<input type="checkbox"/>	Single		<input type="checkbox"/>	Married		<input type="checkbox"/>	Divorced		<input type="checkbox"/>	Widowed	
Are you participating in this program as a Boy/Girl Scout?										If yes, troop or unit number:		District (see below):					
Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>														

Greater St. Louis Area Council (BS): Boone Trails, Cherokee, Egyptian, Grand Towers, Gravois Trail, Kaskaskia, New Horizons, North Star, Osage, Ozark Trailblazers, Pathfinder, River Trails, Shawnee, Sioux, Special Needs, Thunderbird; Girl Scouts of Eastern Missouri (GS)

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BACKGROUND INFORMATION

Date of Birth:	SSN (at least last 4 digits):	School/Place of Employment:		
Driver's License/I.D.#:	Class:	State:	Expiration Date	
Have you ever been convicted of a crime other than minor traffic violations?				
Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>	
Are you currently awaiting trial, on probation, or parole?				
Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>	

AGREEMENT AND PARENT/FAMILY INFORMED CONSENT

I/We (parent and youth) the undersigned, agree to the youth's participation in 'TEEN CERT'. This program is the Teen Community Emergency Response Team Training Program and is designed to target the adolescent population, as well as anyone over 18, in learning emergency preparation.

1. This program consists of eight training modules that will be delivered to your son/daughter.
2. TEEN CERT will provide students with a knowledge based on an all hazard approach to mitigation, preparation, response, and recovery from a technical, natural or man-made disaster.
3. TEEN CERT will build decision-making and problem solving skills and strategies to help students make informed decisions regarding readiness, response & recovery and mitigation efforts to reduce loss of life and property in a disaster.
4. TEEN CERT will provide students with hands-on training using reality-driven drills and exercises.
5. Specially trained, primary responders may participate in the classroom lessons. The responders range from Emergency Medical, Search and Rescue, Law Enforcement, Firefighting, CERT and Emergency Management Personnel.

As with all programs, there lies a slight risk of injury from hands-on participation. We understand that any medical bills are the responsibility of the parent/guardian. We agree to hold Mid America TEEN CERT, the instructors, and any other agency volunteers involved in this program harmless from all claims that might come from participation in this program.

I/We (parent and youth) understand that the youth may be asked to attend the TEEN CERT Program on a regular basis. The youth is expected to attend all scheduled sessions.

Students also must maintain a minimum GPA in school while enrolled in the TEEN CERT program.

I/We (parent and youth) understand that the program may provide professional staff members to supervise all program sessions, and that the parent or guardian may visit the program site during any program session as observers.

PUBLICITY

Photographs, or video tape recordings of participants involved in the TEEN CERT Program may be used by staff for publications or advertising materials. In addition, local news organizations may hear of our activities and we would like to extend our invitation to photograph or record our activities. This consent includes, but is not limited to: photographs, videotape, and audio recordings.

I/We (parent and youth) understand that this training is purely voluntary and the student may at any time opt out of the training without any repercussions.

I/We (parent and youth) understand under penalty of perjury that all statements on this Volunteer Enrollment Form and attachments are true and complete to the best of my knowledge. I/We (parent and youth) understand that false, misleading, or incomplete information shall be cause for disqualification from the program.

Volunteer Participant Signature:	Date:	<input type="checkbox"/> TC <input type="checkbox"/> TC/BS <input type="checkbox"/> TC/GS <input type="checkbox"/> 4H/JA/Other
If under 18 years of age, student must have Parent or Guardian consent:		
Parent/Guardian Signature Of Consent:	Date:	
		Official use only

Information Contact: Mark Rosenblum phone (636) 332-0790, email mark.rosenblum@juno.com